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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*NONE AJ*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE AJ*

## IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	TX	10	36	3
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>	Examiner's Signature <i>[Initials]</i>			

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